CA/CN Initials:_____

INSURANCE CERTIFICATE OF COVERAGE

Named Insured:_____
Address:_____
(Number and Street)
_____
(City) (State) (ZIP)

Specification #: _____
RFP:_____
Project #:_____
Contract #:_____

Description of Operation/Location	

The insurance policies and endorsements indicated below have been issued to the designated named insured with the policy limits as set forth herein covering the operation described within the contract involving the named insured and the City of Chicago. The Certificate issuer agrees that in the event of cancellation, non-renewal or material change involving the indicated policies, the issuer will provide at least sixty (60) days prior written notice of such change to the City of Chicago at the address shown on this Certificate. This certificate is issued to the City of Chicago in consideration of the contract entered into with the named insured, and it is mutually understood that the City of Chicago relies on this certificate as a basis for continuing such agreement with the named insured:

Type of Insurance	Insurer Name	Policy Number	Expiration Date	Limits of Liability All Limits in Thousands
General Liability [ ] Claims made [ ] Occurrence [ ] Premise-Operations [ ] Explosion/Collapse Underground [ ] Products/Completed-Operations [ ] Blanket Contractual [ ] Broad Form Property Damage [ ] Independent Contractors [ ] Personal Injury [ ] Pollution				CSL Per Occurrence $ _____ General Aggregate $ _____ Products/Completed Operations Aggregate $ _____
Automobile Liability				CSL Per Occurrence $ _____
[ ] Excess Liability [ ] Umbrella Liability				Each Occurrence $ _____
Worker's Compensation and Employer's Liability				Statutory/Illinois Employers Liability $ _____
Builders Risk/Course of Construction				Amount of Contract
Professional Liability				$ _____
Owner Contractors Protective				$ _____
Other				$ _____

a) Each Insurance policy required by this agreement, excepting policies for worker's compensation and professional liability, will read: "The City of Chicago is an additional insured as respects operations and activities of, or on behalf of the named insured, performed under contract with or permit from the City of Chicago."
b) The General, Automobile and Excess/Umbrella Liability Policies described provide for severability of Interest (cross liability) applicable to the named insured and the City.
c) Workers Compensation and Property Insurers shall waive all rights of subrogation against the City of Chicago.
d) The receipt of this certificate by the City does not constitute agreement by the City that the insurance requirements in the contract have been fully met, or that the insurance policies indicated by this certificate are in compliance with all contract requirements.

Name and Address of Certificate Holder and Recipient of Notice

Certificate Holder/Additional Insured
City Comptroller's Office
Federal Funds Insurance Unit
33 North LaSalle Street, Room 800
Chicago, Illinois 60602

Signature of Authorized Rep. _____
Agency/Company: _____
Address _____
Telephone _____

For City use only
Name of City Department requesting certificate: (Using Dept.) _____
Address: _____ ZIP Code: _____ Attention: _____